

Arizona Department of Health Services
Office for Children with Special Health Care Needs

Annual Family Resource Coordination Program Report			
CONTRACTOR NAME:		DATE:	
ADHS CONTRACT NUMBER:		SFY:	
	TBI	SCI	CYSHCN
Number of Referrals			
Source of Referrals			
Number of Intakes			
Number Assessed for Program Services			
Number Accepted for Program Services			
Number Declined Program Services			
Number of ISPs Completed			
Number and Type of Payer Source			
Number of Members Provided DCS Services			
Total Cost of DCS Services			

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Number of Hours by Topic of Community Outreach/Education			
Number of TBI/SCI Community Outreach/Education Participants by Type			
Number and Source of TBI/SCI Referrals Compared to Community Outreach/Education Activities			
Number of Members Linked to Other Resources			
Number Exited from Program and Exit Reason			
Number of Members Served by Gender			

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Number of Members Served by Age			
Number of Members Served by Race/Ethnicity			
Number of Members Served by an Indian Tribe(s) . Name of Tribe(s)			
Number of Members Served by an Indian Reservation(s) . Name of Reservation(s)			
Number of Members Served by County of Residence			